

<i>SERFF Tracking Number:</i>	<i>LBRM-125549370</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01319</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Commercial Professional Liability</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2008 - Form/2008-01319</i>		

## Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: Commercial Professional Liability	SERFF Tr Num: LBRM-125549370	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 2008-01319	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Kelly Joslyn	Disposition Date: 03/21/2008
	Date Submitted: 03/17/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 04/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: TRIPRA 2008 - Form	Status of Filing in Domicile: Pending
Project Number: 2008-01319	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/21/2008	
State Status Changed: 03/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Effective April 1, 2008 for new and renewal business, we wish to file our revised independent endorsements for our Professional Liability Program. We are making this filing in response to The Terrorism Risk Insurance Program Reauthorization Act of 2007.	

SERFF Tracking Number: LBRM-125549370 State: Arkansas  
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: 2008-01319  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: Commercial Professional Liability  
 Project Name/Number: TRIPRA 2008 - Form/2008-01319

We also wish to file our revised Disclosure Notice, ST-ML-505 (01/08), which reflects the changes we made to keep our companies in compliance with The Terrorism Risk Insurance Program Reauthorization Act of 2007.

The corresponding independent rules have been submitted under separate cover our filing #2008-01320. Enclosed, please find our revised independent endorsements and the Disclosure Notice along with the required filing forms and filing fees.

## Company and Contact

### Filing Contact Information

Kelly Joslyn, State Filings Technician  
 62 Maple Avenue  
 Keene, NH 03431  
 kelly.joslyn@LibertyMutual.com  
 (800) 826-6189 [Phone]  
 (603) 352-9252[FAX]

### Filing Company Information

America First Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 12696 Group Code: 111 Group Name: FEIN Number: 58-0953149 -----	State of Domicile: New Hampshire Company Type: P & C State ID Number:
Peerless Indemnity Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 18333 Group Code: 111 Group Name: FEIN Number: 13-2919779 -----	State of Domicile: Illinois Company Type: Property & Casualty State ID Number:
Peerless Insurance Company 62 Maple Avenue Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 24198 Group Code: 111 Group Name: FEIN Number: 02-0177030 -----	State of Domicile: New Hampshire Company Type: Property & Casualty State ID Number:
The Netherlands Insurance Company 62 Maple Avenue	CoCode: 24171 Group Code: 111	State of Domicile: New Hampshire Company Type: Property &

*SERFF Tracking Number:*      *LBRM-125549370*

*State:*      *Arkansas*

*First Filing Company:*      *America First Insurance Company, ...*

*State Tracking Number:*      *EFT \$50*

*Company Tracking Number:*      *2008-01319*

*TOI:*      *17.0 Other Liability - Claims Made/Occurrence      Sub-TOI:*

*17.0019 Professional Errors & Omissions  
Liability*

*Product Name:*      *Commercial Professional Liability*

*Project Name/Number:*      *TRIPRA 2008 - Form/2008-01319*

**Casualty**

**Keene, NH 03431**  
**(800) 826-6189 ext. [Phone]**

**Group Name:**  
**FEIN Number: 02-0342937**

**State ID Number:**

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SERFF Tracking Number: LBRM-125549370 State: Arkansas  
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-01319  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Commercial Professional Liability  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50.00 Per Form Filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	03/17/2008	18704334
Peerless Indemnity Insurance Company	\$0.00	03/17/2008	
Peerless Insurance Company	\$0.00	03/17/2008	
The Netherlands Insurance Company	\$0.00	03/17/2008	

*SERFF Tracking Number:*      *LBRM-125549370*      *State:*      *Arkansas*  
*First Filing Company:*      *America First Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *2008-01319*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Commercial Professional Liability*  
*Project Name/Number:*      *TRIPRA 2008 - Form/2008-01319*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Edith Roberts	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>LBRM-125549370</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Commercial Professional Liability</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2008 - Form/2008-01319</i>		

## Disposition

Disposition Date: 03/21/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number: LBRM-125549370 State: Arkansas

First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-01319

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Commercial Professional Liability

Project Name/Number: TRIPRA 2008 - Form/2008-01319

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Accepted for Informational Purposes	Yes
Form	EXCLUSION OF CERTIFIED	Accepted for Informational Purposes	Yes
Form	EXCLUSION OF PUNITIVE	Accepted for Informational Purposes	Yes
Form	TERRORISM INSURANCE	Accepted for Informational Purposes	Yes

SERFF Tracking Number: LBRM-125549370 State: Arkansas

First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-01319

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Commercial Professional Liability

Project Name/Number: TRIPRA 2008 - Form/2008-01319

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	17-357	0108	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 17-357 0406 Previous Filing #:		17-357 0108.pdf
Accepted for Information al Purposes	EXCLUSION OF CERTIFIED	17-360	0108	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 17-360 0406 Previous Filing #:		17-360 0108.pdf
Accepted for Information al Purposes	EXCLUSION OF PUNITIVE	17-363AR	0108	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 17-363AR 0406 Previous Filing #:		17-363AR 0108.pdf
Accepted for Information al Purposes	TERRORISM INSURANCE	ST-ML-505	0108	Other	Replaced	Replaced Form #:0.00 ST-ML-505 0107 Previous Filing #:		ST-ML-505.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE PART (CONDOMINIUM ASSOCIATIONS AND HOMEOWNERS ASSOCIATIONS)

DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

EMPLOYEE BENEFITS LIABILITY COVERAGE PART

EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

LIMITED POLLUTION LIABILITY COVERAGE PART – DESIGNATED STORAGE TANKS

RELIGIOUS ORGANIZATIONS DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

SCHOOL LEADERS ERRORS AND OMISSIONS COVERAGE PART

SEXUAL MISCONDUCT AND MOLESTATION LIABILITY COVERAGE PART

If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to a pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE PART (CONDOMINIUM ASSOCIATIONS AND HOMEOWNERS ASSOCIATIONS)

DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

EMPLOYEE BENEFITS LIABILITY COVERAGE PART

EMPLOYERS STOP GAP LIABILITY COVERAGE PART

EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

LIMITED POLLUTION LIABILITY COVERAGE PART – DESIGNATED STORAGE TANKS

RELIGIOUS ORGANIZATIONS DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

SCHOOL LEADERS ERRORS AND OMISSIONS COVERAGE PART

SEXUAL MISCONDUCT AND MOLESTATION LIABILITY COVERAGE PART

**A. The following exclusion is added:**

This insurance does not apply to:

**TERRORISM**

“Any injury or damage” arising, directly or indirectly, out of a “certified act of terrorism”.

**B. The following definitions are added:**

1. For the purposes of this endorsement, “any injury or damage” means any injury or damage covered under any Coverage Part to which this endorsement is applicable and includes but is not limited to “bodily injury”, “property damage” or “personal injury” as may be defined in any applicable Coverage Part.
2. “Certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:
  - a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM**

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE PART (CONDOMINIUM ASSOCIATIONS AND HOMEOWNERS ASSOCIATIONS)

EMPLOYEE BENEFITS LIABILITY COVERAGE PART

EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

LIMITED POLLUTION LIABILITY COVERAGE PART – DESIGNATED STORAGE TANKS

RELIGIOUS ORGANIZATIONS DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

SCHOOL LEADERS ERRORS AND OMISSIONS COVERAGE PART

SEXUAL MISCONDUCT AND MOLESTATION LIABILITY COVERAGE PART

**A. The following exclusion is added:**

This insurance does not apply to:

**TERRORISM PUNITIVE DAMAGES**

Damages arising, directly or indirectly, out of a “certified act of terrorism” that are awarded as “punitive damages”.

**B. The following definitions are added:**

1. “Certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:
  - a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
2. “Punitive damages” means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

**TERRORISM INSURANCE PREMIUM DISCLOSURE**  
**AND OPPORTUNITY TO REJECT**

**This notice contains important information about the Terrorism Risk Insurance Act and your option to reject terrorism insurance coverage. Please read it carefully.**

**THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

**MANDATORY AVAILABILITY OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM”**

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO**

We have included in your policy coverage for losses resulting from “certified acts of terrorism” as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

**Note:** With respect to Excess or Umbrella policies, this offer of coverage pertains only to those lines of business covered by TRIA and, more specifically, does not apply to commercial automobile insurance. In addition, this offer of TRIA coverage is expressly conditioned upon your acceptance of coverage for “certified acts of terrorism” on all underlying insurance policies that are subject to TRIA. If you reject such coverage on your primary liability policies, you must also reject it on your Excess or Umbrella policy.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN IT IN THE ENCLOSED ENVELOPE. **Please ensure any rejection is received within thirty (30) days of the effective date of your policy.**

\_\_\_\_\_ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a “certified acts of terrorism” and my policy will be endorsed accordingly.

Note that certain states (currently CA, GA, IA, IL, MA, ME, MO, NY, NC, NJ, OR, RI, WA, and WI) mandate coverage for loss caused by fire following a “certified act of terrorism” in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your agent.

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<i>Company Tracking Number:</i>	<i>2008-01319</i>		
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<i>Product Name:</i>	<i>Commercial Professional Liability</i>		
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## Rate Information

Rate data does NOT apply to filing.

*SERFF Tracking Number:* LBRM-125549370 *State:* Arkansas  
*First Filing Company:* America First Insurance Company, ... *State Tracking Number:* EFT \$50  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Accepted for Informational Purposes 03/21/2008  
**Comments:** Expedited Transmittal Attached for TRIA  
**Attachment:** Expedited Transmittal.pdf

**EXPEDITED FILING — COMMERCIAL LINES  
TERRORIST EXCLUSIONS APPLICATION**

This page applies to the following state(s) Arkansas

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
America First Insurance Company	NH	111-12696	58-0953149
Peerless Insurance Company	NH	111-24198	02-0177030
The Netherlands Insurance Company	NH	111-24171	02-0342937
Peerless Indemnity Insurance Company	IL	111-18333	13-2919779

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kelly Joslyn 62 Maple Avenue Keene, NH 03431	800-826-6189 x79589	603-352-9252	kelly.joslyn@libertymutual.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Professional Liability
<b>Company Program Title</b> (Marketing title) (if applicable)	Professional Liability
<b>Filing Type ** see note below</b>	Form
<b>This application is used with:</b>	Professional Liability
<b>Effective Date Requested</b>	04/01/08 New and Renewal
<b>Filing date</b>	03/15/08
<b>Company Tracking Number</b>	2008-01319
<b>Date filing approved in domiciliary state</b>	Pending

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<b>Form #)</b> Include edition date	<b>Replacement</b> Or withdrawn?	<b>If replacement,</b> give form # it replaces	<b>Previous State</b> Filing Number, if required by state
01	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	17-357 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	17-357 04 06	
03	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	17-360 0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	17-360 04 06	
05	EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	17-363AR 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	17-363AR 04 06	
06	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	ST-ML-505 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-505 01 07	

To be complete, a form filing must include the following:

- A completed Form Filing Transmittal Document for each insurer.
- One copy of each endorsement.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**



The insurer(s) submitting this filing certifies that it is:

☒ Using endorsements that provide coverage that is at least as broad as described in the bulletin.



Signature

Kelly Joslyn

Print Name:

Sr. State Filing Technician

Title: